

# MEMBERSHIP APPLICATION

WISEMANS BRIDGE



ROWING CLUB

## APPLICANT INFORMATION

|                  |         |            |
|------------------|---------|------------|
| Name:            |         | Gender:    |
| Forum Username:  | Phone:  | Mobile:    |
| Date of birth:   | E-Mail: |            |
| Current address: |         |            |
| Town/City:       | County: | Post Code: |

## MEMBERSHIP FEES

|  |             |  |                |              |                             |                               |
|--|-------------|--|----------------|--------------|-----------------------------|-------------------------------|
| Please ensure membership option taken below is declared by method of payment:  |             | All inclusive of WSRA affiliation fee of £15 adult / £6 junior |                |              |                             |                               |
|  |             | <b>Cash:</b>   | <b>Cheque:</b> | <b>BACS:</b> | <b>Monthly Instalments:</b> | <b>Quarterly Instalments:</b> |
| £100 full membership (Senior)  | <b>Paid</b> |  |                |              | £35 + £6 x 11               |                               |
| <b>£60 Full Membership 1<sup>st</sup> July Onward</b><br><b>£50 Full Membership 1<sup>st</sup> August Onward Club</b><br><b>£40 Full Membership 1<sup>st</sup> September Onward</b><br>Account Details – 20-37-82 Account No. 70605948 |             |  |                |              |                             |                               |
| £40 Concession / Student / Social membership   | <b>Paid</b> |  |                |              |                             |                               |
| £30 membership (Junior Under 18)   | <b>Paid</b> |  |                |              |                             |                               |
| £10 membership (Junior Under 18 Concession)  | <b>Paid</b> |  |                |              |                             |                               |
| £20 membership (InSport Concession)  | <b>Paid</b> |  |                |              |                             |                               |

## EMERGENCY CONTACT

|                               |         |               |
|-------------------------------|---------|---------------|
| Name of an emergency contact: |         | Relationship: |
| Address:                      |         | Phone:        |
| Town/City:                    | County: | Mobile:       |

## SWIMMING PROFICIENCY

|                                       |                    |  |                      |
|---------------------------------------|--------------------|--|----------------------|
| <i>(PLEASE DELETE AS APPROPRIATE)</i> |                    | Signed<br>Adult Rower/<br>Guardian/Parent: | Signature<br>Junior: |
| <b>PROFICIENT SWIMMER</b>             | <b>NON SWIMMER</b> |  |                      |

**Adults must wear life jackets subject to club risk assessment, mandatory for Junior's under 18 and non swimmers to wear a life jackets at all times when on water!**

## STATEMENT OF MEDICAL CONDITIONS

Please list all medical conditions that the club officers need to be aware of:

## DECLARATION OF FITNESS TO ROW/COX

|   |                                   |                   |
|---|-----------------------------------|-------------------|
| I declare that I am of sufficient physical fitness to row/cox | Signed Guardian/<br>Parent/Adult: | Signed<br>Junior: |
|---|-----------------------------------|-------------------|

## DECLARATION

**By signing this I can confirm that I have read and understood the Club's code of conduct, risk assessments, safety rules. All Club Rules and Safety Information can be found at <http://www.wisemansbridgerowingclub.co.uk/information.php> I agree to abide by all the rules of Wisemans Bridge Rowing Club and the Welsh Sea Rowing Association.**

**I understand that photography and video recording may be used during training and competition!**

|       |                                  |       |
|-------|----------------------------------|-------|
| Name: | Signature Guardian/Parent/Adult: | Date: |
| Name: | Signature Junior:                | Date: |

|   |            |           |
|---|------------|-----------|
| <b>DO YOU consider yourself to have a Disability?</b> (If yes, please complete the remaining questions below)                           | <b>YES</b> | <b>NO</b> |
| <b>DO YOU</b> consent for us to perform an individual Risk Assessment to assess your requirements?                                      | <b>YES</b> | <b>NO</b> |
| <b>DO YOU</b> have any special requirements we should be aware of, other than medical conditions as above?                              | <b>YES</b> | <b>NO</b> |
| <b>Visual / Hearing / Physical / Learning / Other</b>   | <b>YES</b> | <b>NO</b> |
| <b>Please specify any special requirements which would assist with your Individual Risk Assessment – Continue over page if required</b> |            |           |

## FOR CLUB USE ONLY

|                        |       |
|------------------------|-------|
| Secretary's Signature: | Date: |
| Treasurer's Signature: | Date: |

PLEASE TEAR CAREFULLY ACROSS THIS DASHED LINE FOR RECEIPT

## WISEMANS BRIDGE ROWING CLUB MEMBERSHIP RECEIPT

|   |       |
|---|-------|
| I can confirm acceptance for membership and receipt of £ ..... membership fee for ..... |       |
| Signature of Treasurer:   | Date: |

Signature of Secretary

Date:

# Membership Application

## Additional Details -

**Are you participating through the InSport Program?**

**Yes / No**

Special requirements which would assist with your Individual Risk Assessment?